



# EMS Currents

*"To provide professional and compassionate protection, education and service to our community"*

## EMS Updates

### EMS Questions

Initial contact should be made through the following staff in the EMS Division:

Ron Wolfley 566-4354	Ride Alongs Field Internship
Amy Robertson 566-4294	PCR Processing
Marcy Mateo 566-4358	EMS Surveys Ride-Along Tags
Laurie Henry 566-4295	CE's & CPR card Recertification
Duane Arend 566-4350	Anything Ops Exposures
Ric Maloney 566-4351	Anything Medical

### Kaiser South Base Hospital Level II Trauma Center:

As of August 1<sup>st</sup>, paramedics will be able to transport adult critical trauma patients to the Level II Trauma Center in the ED at Kaiser Hospital South. Kaiser Hospital South will also be a Base Hospital, but will only issue orders for Critical Trauma patients, just like Sutter Roseville. The new phone number for Kaiser South Base Hospital is

**688-6964.**

One thing you count on is change.

In June the three EMS Division Captains left the grind of Monday thru Friday and returned to the line which equates to a loss of 90 years of medical experience from the Division. Thanks to Captain Clough, Captain Routsong, and Captain Wolfley for your dedication, camaraderie and hard work while you were assigned to the EMS Division.

The EMS Division is currently reviewing and gathering data on all advanced airways. The initial results show that the King Tubes are successful on the first attempt 85% of the time, Oral Tracheal Tubes 60% of the time, and Nasal Tracheal Tubes 20%. On second attempts King Tubes are successful 100% of the time, Oral Tracheal 59% of the time, and Nasal Tracheal 0%.

The EMS Division recommends that you use the King Tube for patients who are at least 4ft tall in CPR situations in order to reduce the amount of time where chest compressions are interrupted. [Click here to review the 5 steps of inserting a King Tube.](#)

Please document the usage of the King Tube just like you would an ET Tube. [Click here for example.](#)

Do you know how to clean your ambulance after transporting a patient with influenza? Does the "*Spirit II*" solution work on the H1N1 virus? [Click here if you would like to review the recommended cleaning guidelines.](#) Although the relative importance of virus transfer from inanimate objects to humans in spreading influenza is not known, hand transfer of the virus to the mucous membranes of the eyes, nose, and mouth resulting in infection is likely to occur. **Hand hygiene, cough etiquette and respiratory hygiene are the principal means of interrupting this type of transmission.**

Remember that the maximum volume for the initial dose of Intranasal medications is 1ml per nares. Please note that AMR is using a different concentration of Versed than the fire service paramedics. AMR has increased their Versed concentration to 5mg in 1ml versus the fire service 2mg in 2ml. This concentration that AMR is using will allow for higher Intranasal dosing of Versed to adult seizure patients.

The EMS Division would like your feedback on the effectiveness of the 2mg in 2ml Intranasal Versed currently used for your patients.

# Influenza Like Illness

In addition to the standard existing Sacramento County Emergency Medical Services (SCEMS) treatment protocols, the following protocol should be followed for ANY respiratory, 'sick person', or fever related calls.

Initial interrogation of the patient should be from at least 6 feet away to determine if personal protective equipment (PPE) precautions are necessary. Ask if the patient has ILI symptoms – **Fever (>100.4) with respiratory symptoms** (cough, sore throat, body aches, runny nose).

If the patient answers “**No**”, the Emergency Medical Services (EMS) personnel shall:

- Use standard barrier precautions. Standard precautions include hand hygiene and the use of eye protection if splashing or spraying of blood or body fluids (including respiratory secretions) are anticipated.

If the patient answers “**Yes**” that they have both a **Fever (>100.4) and Respiratory Symptoms**, or if a patient cannot answer questions about ILI symptoms, EMS personnel within 6 feet of the patient shall:

- Place a surgical mask on the patient (*if tolerated by the patient*) during evaluation and transport.
- Use standard precautions plus droplet precautions (*i.e., wear a surgical or procedure mask for close contact*) for procedures that require close contact
- When performing aerosol producing or invasive procedures such as intubation, resuscitation and suctioning of airway secretions, EMS providers shall wear a fit-tested N95 respirator, disposable gloves, gown, and eye protection (*face shield or goggles*).
- **Clean hands thoroughly with soap and water, or an alcohol-based hand gel before and after contact with the patient.**
- Use non re-breather masks when oxygen is required.
- When clinically appropriate during the delivery of care, minimize procedures that increase production of droplets.
- Minimize suctioning and consider CPAP instead of intubation, if clinically feasible.

If a patient with ILI symptoms refuses transport, encourage them to seek medical attention at home until their illness resolves, to cover any coughs or sneezes, and to wash hands frequently. For more information on the H1N1 Virus click on this hyperlink to the CDC website. <http://www.cdc.gov/h1n1flu/>

## STAFF HURRAHS!

Inside every ambulance bill that is sent to patients transported by Metro Fire is a survey. This survey includes six questions that rate our service as Excellent, Above Average, Average, Below Average, or Needs Improvement. Last year 99% of all survey comments about Metro Fire service indicated that there was no need for improvement and 90% of the comments indicated that the service delivered was excellent or above average. Please click on the hyperlinks below to see copies of the surveys that were mailed in for each of these six calls.

[A Shift M105-Jonathan Baclay, Ryan Ross](#)

[E62-Rick Griggs, Craig Von Chance-Stutler, Thomas Hutchinson](#)

[A Shift M51-Brian Benton, Roger France](#)

[E55-Randal Smith, David Frey, David Hubbard](#)

[B shift M21-Fred Wudell, Jason Cornell](#)

[E31-Jeffrey Jones, Charles Ingram, Gregory Luckett](#)

[B Shift M110-Thomas Niklewski, Joel Roberts](#)

[E110- Richard Schmiedt, Dale Heitzman, James Lamkins](#)

[C Shift M41-Jonathan Davis, Thomas Murphy](#)

[E41-Aaron Webster, Charles Nicholas, Shawn Burke](#)

[C Shift M50-Robert Marin, Joseph Reyes](#)

[Tr50-Bryan Hottman, Mark Stewart, Daniel Gossen, David Rowland](#)

[BC-Monty Ernst](#)

[E50-Genaro Castro, Joseph Chesnut, David Reed](#)

*[If you would like to see some other positive comments  
SMFD units have received this year please click here.](#)*